

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">04/125554</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2	/		/				52					
3		/		/			53					
4		/		/			54					
5		/		/			55					
6		/		/			56					
7		/		/			57					
8		/		/			58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
14		/		/			64					
15		/		/			65					
16		/		/			66					
17		2		2			67					
18		2		2			68					
19		2		2			69					
20		2		2			70					
21		2		2			71					
22		2		2			72					
23		2		2			73					
24		2		2			74					
25		2		2			75					
26		2		2			76					
27		2		2			77					
28		2		2			78					
29		2		2			79					
30		2		2			80					
31	/		/				81					
32	/		/				82					
33		/		/			83					
34		/		/			84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4	↓	2	↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.	48	↓	30	↓		↓	TOTAL DEP.		↓		↓	
TOTAL CLAIMS	52		32				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

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